

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/01/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185352	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAR 11 2011 <small>02/15/2011</small> </div>	
NAME OF PROVIDER OR SUPPLIER STANTON NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 31 DERICKSON LANE STANTON, KY 40384 Division of Health Care Southern Enforcement Branch			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS An abbreviated standard survey (KY15842, KY15903) was conducted on February 15, 2011. KY15842 was unsubstantiated. KY15903 was substantiated. Deficient practice was identified at "D" level.	F 000				
F 205 SS=D	<p>483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR</p> <p>Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.</p> <p>At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to provide written information to one of three sampled residents (resident #1) that specified the duration of the bed-hold policy under the State plan. Resident #1 was transferred to a hospital on January 20, 2011; however the facility failed to provide the resident with information</p>	F 205	<p>1. Resident #1 no longer resides in the center.</p> <p>2. Business Office Manager and Business Office Assistant will review all discharges in the last 30 days by March 18, 2011 to identify any resident who does not have written proof that written discharge and/or bed hold policy was reviewed with the resident or responsible party and recorded in the resident's record. Any resident identified that does not have written proof of notification will be notified at the time of audit.</p> <p>3. Administrator to re-educate department heads regarding notification of bed hold policy and procedure by March 18, 2011. Administrator/Director of Nursing/Director of Education and Training and/or Regional Director of Clinical Services to re-educate nursing staff regarding policy and procedure for written and documented proof of notification of bed hold policy and who to notify.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Christy King* TITLE: Administrator DATE: 3/1/2011

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER STANTON NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 31 DERICKSON LANE STANTON, KY 40380		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 205	<p>Continued From page 1</p> <p>concerning the duration of the bed-hold policy before transfer.</p> <p>The findings include:</p> <p>Record review revealed resident #1 was admitted the facility on October 21, 2010, with diagnoses of Epilepsy, status post Gun Shot Wound, Left Sided Hemiparesis, Depression, Frontal Lobotomy, and Chronic Pain.</p> <p>Review of resident #1's nursing notes revealed the resident was transferred to Highlands Regional Hospital Psychiatric Unit for evaluation on January 20, 2011. Further record review revealed resident #1 was alert and oriented on January 20, 2011, prior to the transfer.</p> <p>Interview with Licensed Practical Nurse (LPN) #1 on February 15, 2011, at 7:30 p.m., revealed LPN #1 was the LPN who provided care for resident #1 on January 20, 2011, and prepared the resident for transfer to the psychiatric unit. Further interview revealed resident #1 was aware of where he/she was going and was aware of the reason for the transfer. LPN #1 further stated resident #1 was agreeable to go to the hospital, however, resident #1 was not certain if he/she would be back to the facility. Further interview revealed LPN #1 went over the transfer very carefully with resident #1; however, he/she did not discuss the bed-hold with the resident before transfer to the hospital.</p> <p>Interview with the Administrator on February 15, 2011, at 6:25 p.m., revealed the facility was unable to provide documentation that resident #1 was provided information concerning the duration of the bed-hold policy before transfer on January</p>	F 205	<p>Nursing to provide written and verbal notification of policy and procedure for bed hold to resident and/or responsible party at the time of discharge beginning 3/14/2011. Administrator to monitor all discharges x 30days beginning 3/14/2011 then 3 discharges a month x 3 months to ensure policy and procedure for providing and documenting bed hold information was given to resident and/or responsible party.</p> <p>4. All audit findings to be presented to Quality Performance Improvement Committee (Medical Director, Administrator, Director of Nursing, Social Services, Dietary Manager, CRC nurse, Activities Director, Therapy and Nurse Managers) for review and revision of plan if needed every 2 weeks x 4 weeks then 1x monthly beginning 3/18/2011.</p> <p>5. Date of Compliance 3/21/2011.</p>		

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F 205	Continued From page 2 20, 2011. Review of the facility policy dated July 1, 2009, and revised August 2010, revealed upon transfer to the hospital the Business Office Manager would contact the resident regarding a bed-hold.	F 205			